

# **FAMILY / GROUP DAY CARE RENEWAL APPLICATION CHECKLIST**

**PLEASE PRINT & SUBMIT:**

- \_\_\_\_\_ **Renewal Application Form** (must be completed in full, signed, dated, and notarized)
- \_\_\_\_\_ **Overlap Form** (submit only if overlap times are changing)
- \_\_\_\_\_ **Insurance Verification** (to be filled out by insurance company)
- \_\_\_\_\_ Current Public Liability \_\_\_\_\_ Current Fire
- \_\_\_\_\_ **Release of information** (must be completed in full, signed, dated, and notarized)
- \_\_\_\_\_ For all caregivers and all persons living in the home 18 years of age or over
- \_\_\_\_\_ **Statement of Health Form** (must be signed and dated)
- \_\_\_\_\_ For all caregivers and all persons living in the home 18 years of age or over
- \_\_\_\_\_ **Fire Safety Record and Evacuation Form**
- Rules require that 8 fire drills be conducted and recorded annually. This form should be posted at your facility and a copy submitted with your renewal.

❖ **W9 TAX ID FORM** - please submit this form **ONLY** if you have a change of name, change of address or if you are requesting to be assigned a tax payer identification number)

**IN ADDITION, PLEASE ATTACH THE FOLLOWING:**

- \_\_\_\_\_ **Immunization Records (if not previously submitted)**
- Measles Mumps Rubella (copy of Rubella Titer only if born prior to 1957)
  - Tetanus Diphtheria (**w/in last 10 years**)
- \_\_\_\_\_ **CURRENT Adult, Infant, & Child CPR Card** (check for current dates) (**Copies – front & back**)
- \_\_\_\_\_ For all caregivers \_\_\_\_\_ Caregivers working under 160 hours a year **DO** need CPR
- \_\_\_\_\_ **CURRENT First Aid Card** (check for current dates) (**Copies – front & back**)
- \_\_\_\_\_ For all caregivers \_\_\_\_\_ Caregivers working under 160 hours a year **DO** need First Aid
- \_\_\_\_\_ **8 HOURS OF TRAINING** (must be obtained during your registration year **NOT** the calendar year)
- \_\_\_\_\_ For all caregivers working 160 hours or more per year
- ❖ All training may be verified at <http://www2.montana.edu/ecpphp/personnel> except:
    - College Coursework
    - CARE courses
  - ❖ A written schedule of training dates and/or a phone call when training is complete will allow the licensing worker to verify training on the Montana Early Childhood Website

CPR /  
First Aid  
courses  
must be  
hands-on

**Renewal Packets for the following counties should be mailed to:**

DPHHS / QAD / CCL PO Box 202953 Helena, MT 59620-2953 Phone: (406) 444-9460 Fax: (406) 444-1742	Beaverhead Broadwater Cascade Chouteau Deer Lodge	Fergus Flathead Gallatin Glacier Granite	Jefferson Judith Basin Lake Lewis and Clark Lincoln	Madison Meagher Mineral Missoula Park	Petroleum Powell Pondera Ravalli Sanders	Silverbow Teton Toole
Bobbi Jo Walla / QAD / CCL 2121 Rosebud Dr., Suite D Billings, MT 59102 Phone: (406) 655-7625 Fax: (406) 655-7682	Big Horn Blaine Carbon Carter Custer	Daniels Dawson Fallon Garfield Golden Valley	Hill Liberty McCone Musselshell Phillips	Powder River Prairie Richland Roosevelt Rosebud	Sheridan Stillwater Sweet Grass Treasure Valley	Wheatland Wibaux Yellowstone

**FAILURE TO SUBMIT TRAINING VERIFICATION AND CURRENT CPR / FIRST AID CARDS BY YOUR REGISTRATION EXPIRATION DATE WILL CAUSE A LAPSE IN YOUR DAY CARE REGISTRATION.**